

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.G.		10/23/44
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Dm	72223	11-8-85

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1			9/17/02
2			3/28/02
3			7/6/03
4			9/14/03
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

Best Available Copy